



PTO/SB/05 (12/97)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Total Pages Attorney Docket No. 29967US1 UTILITY First Named Inventor or Application Identifier PATENT APPLICATION Robert G. Maier TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(h)) Express Mail Label No. EL294366428US Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapler 600 concoming utility patent application contents. Washington, DC 20231 Fee Transmillal Form Microfiche Computer Program (Appendix) (Submit an original, and a duplicate for fee processing) 7. Nucleotide and/or Amino Acid Sequence Submission Specification [Total Pages (if applicable, all necessary)-(preferred arrangement set forth bolow) - Descriptive title of the Invention Computer Readable Copy - Cross References to Related Applications Paper Copy (identical to computer copy) - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix Statement verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s)) - Detailed Description 37 CFR 3.73(b) Statement Power of Attorney - Claim(s) (when there is an assignee) - Abstract of the Disclosure English Translation Document (if applicable) 10 Drawing(s) (35 USC 113) Total Sheets Copies of IDS Information Disclosure 29 Statement (IDS)/PTO-1449 Citations 22 [Total Pages Oath or Declaration Preliminary Amendment Newly executed (original or copy) Copy from a prior application (37 CFR 1.63(d)) Return Receipt Postcard (MPEP 503) Х 13 (for continuation/divisional with Box 17 completed)
[Note Box 5 below] (Should be specifically itemized) Small Enlity X Statement filed in prior application, Statement(s) Status still proper and desired **DELETION OF INVENTOR(S)** Signed statement attached deleting Certified Copy of Priority Document(s) inventor(s) named in the prior application, 15. (if foreign priority is claimed) see 37 CFR 1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: of prior application No: 091 009 641 Continuation-in-part (CIP) Divisional Continuation CORRESPONDENCE ADDRESS Correspondence address below 000116 (Insert Customer No. or Attach haf codyNabel here): November 22, 1999 Michael W. Garvey NAME Pearne, Gordon, McCoy & Granger 526 Superior Avenue East ADDRESS Suite 1200 ZIP CODE 44114-1484

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## **FEE TRANSMITTAL** for FY 1999

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380.00

TOTAL AMOUNT OF PAYMENT (\$)

**Application Number** Filing Date November 22, 1999 Robert G. Maier First Named Inventor Examiner Nance Group / Art Unit 29967US1 Attomey Docket No.

Complete if Known

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit  Deposit	3. ADDITIONAL FEES  Large Entity Small Entity Fee	Fee Paid
Account   16-0820	105 130 205 65 Surcharge - late filing fee or oath	
Number Deposit Account	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	
Name    VI Charge Any Additional	139 130 139 130 Non-English specification	
Fee Required Under	147 2,520 147 2,520 For filing a request for reexamination	
37 CFR 1.16 and 1.17	112 920* 112 920* Requesting publication of SIR prior to Examiner action	
2. Payment Enclosed: Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
	115 110 215 55 Extension for reply within first month	
FEE CALCULATION	116 380 216 190 Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	117 870 217 435 Extension for reply within third month	
Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month	
Code (\$) Code (\$) Fee Paid  101 760 201 380 Utility filing fee 380	128 1,850 228 925 Extension for reply within fifth month	
106 310 206 155 Design filing fee	119 300 219 150 Notice of Appeal	· · · · · · · · · · · · · · · · · · ·
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal	
108 760 208 380 Reissue filing fee	121 260 221 130 Request for oral hearing	
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	
114 130 214 73 1 Totalstat amigros	140 110 240 55 Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 380.00	141 1,210 241 605 Petition to revive - unintentional	
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	
Fee from Extra Claims <u>below Fee Paid</u>	143 430 243 215 Design issue fee	<del></del>
Total Claims -20** = X	144 580 244 290 Plant issue fee	
Independent 3.44 X	122 130 122 130 Petitions to the Commissioner	
Claims Multiple Dependent =	123 50 123 50 Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	
103 18 203 9 Claims in excess of 20	146 760 246 380 Filing a submission after final rejection (37 CFR 1.129(a))	
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380 For each additional invention to be examined (37 CFR 1.129(b))	
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	
SUBTOTAL (2) (\$) -0-	• Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) -0-	

Complete (if applicable) SUBMITTED BY Typed or Reg. Number 35878 Michael W. Garvey **Printed Name** Deposit Account Date Signature 11/22/99 User ID

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